Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002999	A. BUILDING _____ B. WING _____	C 05/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT WINDERMERE	9745 OLYMPIA DRIVE FISHERS, IN 46038

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00089723. Complaint IN00089723 - Unsubstantiated, due to lack of evidence. Survey date: May 25, 2011 Facility number: 002999 Provider number: 002999 AIM number: N/A Survey team: Kimberly Perigo, RN Census bed type: Residential: 115 Total: 115 Census payor type: Other: 115 Total: 115 Sample: 03 Hearth at Windermere was found to be in compliance with 410 IAC 16.2 in regard to the investigation of complaint IN00089723. Quality review 5/26/11 by Suzanne Williams, RN	R 000		